

Children's Hospital of Pittsburgh of UPMC – GIFT IN KIND form

Thank you for supporting Children's Hospital of Pittsburgh of UPMC.

So we may properly acknowledge your gift, please print clearly, complete all sections and return to:

Children's Hospital of Pittsburgh Foundation
One Children's Hospital Drive, Central Plant Floor 3, 4401 Penn Avenue Pittsburgh, PA 15222
or fax to 412-471-4394

DONOR INFORMATION:

Donor is: Organization School Individual (Child Student Adult)

Organization Name _____

Donor or Organization Contact Person:

Title: Mr. Ms. Mrs. Mr. and Mrs. Dr. Dr. and Mrs. Other _____

First Name _____ M.I. _____ Last Name _____

Mailing Address _____

City _____ State _____ Zip _____

Email _____

Phone () _____ - _____ (in case we have a question about your gift)

GIFT INFORMATION:

Date Given: ____/____/____

Gift-In-Kind: Toys Books Crafts Videos Food Other

Description of Gift-In-Kind(s) _____

Donor's estimated value of Gift-In-Kind donation: \$_____.

Designated Program or Area:

- Child Life Fund (Toys, Items for kids, Murals)
- Volunteer Services (Reading programs, Comfort Cart, Family Meal program, Plaza gardening, etc)
- Food Services (Dietary Cart program, Meals for specific units)
- Hospitality (Items for parents)
- Family Resource Center (Items or services for programs or events for patients and families)
- Other _____

If gift is given in Memory/Honor of someone, please complete section below:

In Memory of (Name) _____

In Honor of (Name) _____

Send acknowledgement to:

Title: Mr. Ms. Mrs. Mr. and Mrs. Dr. Dr. and Mrs. Other _____

First Name _____ Middle _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Employee Accepting Gift for CHP: _____ Phone Ext: _____